

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	DAVID WILLIAMS, PRO SE		COURT CASE NUMBER	U.S.D.C. No. 05-11104-MLW
DEFENDANT	DAVID NOLAN, ET AL.		TYPE OF PROCESS	SUMMONS + COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
➔	MR. PETER E. ALLEN			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	80 LITCHFIELD ST, BRIGHTON, MA 02135			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form 285	1
DAVID WILLIAMS W-42189 P.O. Box 100 SO. WALPOLE, MA 02071-0100			Number of parties to be served in this case	SIX
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

PERSONAL CAPACITY **IMPORTANT** IF RETURNED UNSERVED **FOLD**
 PLEASE CONTACT ATTORNEY RICHARD C. MCFARLAND, TEL # (617)-727-3300 EXT 124 FOR ALTERNATE ADDRESS OF THIS DEFENDANT "DOC" LEGAL DEPT

Signature of Attorney or other Originator requesting service on behalf of:

David Williams, PRO SE

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

NONE

DATE

FEB 7, 06

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Harry Salamea	2/14/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
48.50	3.65	—	48.65	16.00	35.65	

REMARKS:

NOT LOCATED AT THIS ADDRESS

1.5 hr